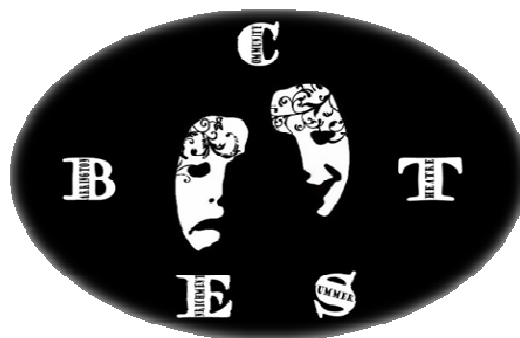


*BARRINGTON COMMUNITY
THEATRE PROGRAM SPRING 2015
March 16 – May 23
6:00 P.M. – 8:00 P.M.
MONDAY/TUESDAY/WEDNESDAY**



*Rehearsals not generally on all days; Contact us for further schedule info: Kelly.CommunityTheatre@yahoo.com

Auditions for all actors will be March 16th, 17th and 18th from 6-8 pm.

PLEASE COMPLETE THE TWO PAGE REGISTRATION FORM BELOW

CHILD'S NAME _____ AGE _____ DOB _____ M _____ F _____ O _____

ADDRESS _____ HOME PHONE _____

PARENT'S NAME _____ CELL PHONE _____

EMERGENCY CONTACT PERSON _____ PHONE _____

PARENT'S EMAIL _____ ACTOR'S EMAIL _____

KNOWN ALLERGIES FOR YOUR CHILD _____

ANY SPECIAL MEDICATION REQUIRED** _____

PLEASE TELL US ABOUT YOUR CHILD _____

FEE STRUCTURE:

REGISTRATIONS RECEIVED BY MARCH 6TH:

\$275 RESIDENT / \$300 NON-RESIDENT

RECEIVED FROM MARCH 7TH TO MARCH 13TH:

\$300 RESIDENT / \$325 NON-RESIDENT

RECEIVED FROM MARCH 14TH TO MARCH 18TH:

\$325 RESIDENT / \$350 NON-RESIDENT

REGISTRATIONS WILL NOT BE ACCEPTED AFTER MARCH 18TH

Please make checks payable to "TOWN OF BARRINGTON" and return to the Recreation Department,
Barrington Town Hall 283 County Road Barrington, RI 02806 (247-1900 x 381).

***NOTE: \$30.00 PROCESSING FEE FOR EARLY WITHDRAWALS
NO REFUNDS AFTER THE CAST FOR THE PERFORMANCE IS SELECTED.***

AMOUNT PAID \$ _____ CHECK # _____ CASH \$ _____



Please prepare a one minute monologue or poem to perform at auditions for assessment and placement purposes.

A NOTE ABOUT OUR AUDITIONS

Auditions are *not* a one night, show up and leave sort of event. Auditions are a three-night experience where our actors get to know one another and become comfortable. We do monologues as well as several nights of cold readings from the scripts along with some games and other theatrical exercises.

All actors will be cast in shows! The purpose of the three-day audition process is to suitably fit actors to roles that best showcases each actor's individual talents.

Auditions for all actors will be on March 16th, 17th, and 18th from 6-8pm.

WAIVER

Must be filled out and returned with your child's registration form

I, THE PARENT/GUARDIAN OF (CHILD'S NAME) _____,
HEREBY GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN ANY/ALL ACTIVITIES
*DURING THE CURRENT **BARRINGTON COMMUNITY THEATRE SPRING PROGRAM.** I*
assume all risks and hazards incidental to such participation, including transportation to and from such
activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless all individuals
responsible for the conduct or activity involving my child.

SIGNATURE _____
PARENT/GUARDIAN

Photographs of your child participating in the program may be taken and used for promotional reasons. If you object to the use of your child's image, please submit this in writing for our records.
Thank you.

***If your child requires special medication, please send it with them, and let us know where to find it in case of emergency.*



Break a leg!